

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>05/30/00</i>
O.I.P.E. CLASSIFIER	<i>E.H.</i>	<i>11</i>	<i>6/5/2000</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓ 5/30/00
2	✓ 5/30/00
3	✓ 5/30/00
4	✓ 5/30/00
5	✓ 5/30/00
6	✓ 5/30/00
7	X
8	✓ 5/30/00
9	✓ 5/30/00
10	✓ 5/30/00
11	✓ 5/30/00
12	✓ 5/30/00
13	✓ 5/30/00
14	✓ 5/30/00
15	✓ 5/30/00
16	✓ 5/30/00
17	X
18	✓ 5/30/00
19	✓ 5/30/00
20	✓ 5/30/00
21	✓ 5/30/00
22	✓ 5/30/00
23	✓ 5/30/00
24	✓ 5/30/00
25	✓ 5/30/00
26	✓ 5/30/00
27	X
28	✓ 5/30/00
29	✓ 5/30/00
30	✓ 5/30/00
31	✓ 5/30/00
32	✓ 5/30/00
33	✓ 5/30/00
34	✓ 5/30/00
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40	✓ 5/30/00
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46	✓ 5/30/00
47	✓ 5/30/00
48	✓ 5/30/00
49	✓ 5/30/00
50	✓ 5/30/00

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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